LITERATURE.

PSYCHIATRY.

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SOME RECENT LITERATURE ON TRAUMATIC INSANITY.

The growing need for the determination of exact etiological factors in the production of various mental disorders, has been the impetus for the recent literature and observations on traumatic insanity. These psychoses are polymorphous in type and comprise delirious and dreamy states, various vaso-motor disturbances, irritability with special intolerance for alcohol, peculiar amnesias and marked memory disorders, deterioration, marked tendency to fabrications, paranoic and katatonic states; or the trauma may be a contributory factor in the production of other so-called organic and functional psychoses, which we are in the habit of looking upon as having a different etiology. Viedenz (Ueber psychische Störungen nach Schädelverletzungen, Archiv für Psychiatrie, Bb. 36, 1903) reports four cases, and concludes that mental disorders following trauma are protean in type, but have the following common traits, viz.: change of character, excitability, diminution of memory and intolerance for alcohol. The most frequent psychoses are primary dementia, katatonia, and confusional and stuporous states. Paranoia is rare. The first case relates to that of a soldier, in whom, following a fall from a horse, there arose a state of apathetic dementia. In the second case the patient became excited after a fall from a tree, and then there supervened a katatonic complex, with catalepsy, negativism and convulsions. The third observation is that of a boy, at 14, whose grandfather died of alcoholic insanity. Following a fall on the occiput, there developed attacks of ambulatory automatism. In the fourth case, trauma was probably only an exciting factor. A general, at 40, fell from a horse, and three months after the accident there developed symptoms of general paralysis, with speech disorder and repeated apoplectiform attacks. Death ensued after fourteen months and the anatomical picture bore out the clinical diagnosis.

Kalberlah (Ueber die Acute Commotionspsychose, zugleich ein Beitrag zur Aetiologie des Korsakow'schen Symptomencomplexes—Archiv für Psychiatrie—Bb. 38, H. 2, 1904) contributes an important paper showing the immediate bearing of trauma on Korsakow's symptom-complex. The symptoms described by the Russian psychiatrist, as being practically a clinical entity and occurring almost wholly in the subjects of chronic alcoholism, and almost invariably associated with neuritis, have during later years been found to accompany a multitude of other conditions. It may occur in chronic alcoholics with or without neuritis ("polyneuritic mental disorder"—Cole), in acute melancholia with anthrax infection (Soukhanoff and Tscheltzoff), following pelvic abscesses from extra uterine pregnancy, in delirium tremens, presbyophrenia, in cases with unknown etiology without neuritis, in chronic lead intoxication and cerebral syphilis, in general paralysis and following infection and strangulation. Meyer and

Raecke (Zur Lehre von Korsakow'schen Symptomen-Complex—Archiv für Psychiatrie, Bb. 37, 1903) have recently reported the symptom as occurring in three alcoholic cases without neuritis, one senile case with gross vascular lesions, and in one case of sarcoma of the frontal lobe.

Considering the multiple etiological factors concerned in the production of this symptom-complex, a paper like Kalberlah's, in which the clinical history of even one case, is reported in great detail, is of exceptional value, for the greater part of mental disturbances following trauma are of a slow development, and are usually given meagre detail in connection with medico-legal complications. Kaplan's "traumatic degeneration of character, an explosive diathesis," merely relates to the impulsive acts and insidious changes of character in these patients. According to Kalberlah, there may be marked mental enfeeblement, lessened memory capacity for the reproduction of recent impressions (Merkfähigkeit), disorders of attention (Aufmerksamkeit), perception and judgment, a variable emotional condition and increasing apathy. There may also follow transitory unconscious states and various motor, sensory and vaso-motor disorders. He finds all the elements of the traumatic psychosis in chronic alcoholism, and calls the mental symptoms immediately following injury "the acute psychosis of commotion." The cases which he studies are given in great detail. The first case was that of a mason, 43 years of age, non-alcoholic. In ascending a frail ladder, the structure broke, and he was thrown to the ground, a distance of five meters, striking his head on a stone. He bled profusely and was picked np unconscious. In the second case, there was a fall from the height of four meters, the injury being to the head. The first case showed focal symptoms in the shape of a double facial paralysis, and in both the typical Korsakow's psychosis developed; disorder of attention, euphoria, absence of hallucinations and of any fixed delusions, and a prominent defect of orientation. The memory was particularly affected, there being amnesia, a persistence of old memories and a marked enfeeblement for recent memory impressions.

E. Meyer's contribution (Korsakow'sche, Symptomencomplex nach Gehirnerschütterung; Neurologisches Centralblatt—Bb. 23, N. 2, 15. Aug. 1, 1904) relates to the case of a fireman, aet. 32, with a negative history of alcohol, heredity and infection, who suffered a severe injury of the skull, with probably a fracture of the base. This was followed by coma; then there supervened a state of agitation and deep disorientation, with a high grade memory defect for recent impressions, fabrications and amnesia for the accident. There was no ataxia or neuritic pains, the knee-jerks were always present, but there was severe headache and dizziness. Later there occurred two epileptic seizures. An operation revealed nothing and no improvement followed. The mental picture in every way resembled Korsakow's symptom-complex. The paper gives a comparative table of the patient's reaction to the same series of questions at different intervals, in order to show the contradictory replies, the result of disorientation and the memory disorder.

Amongst our clinical material we have seen a case in many respects similar to those above. The patient was a weaver, moderately alcoholic, who fell from an upper story balcony, striking on his head. He was picked up unconscious and in what was thought to be a dying condition. There was deviation of both eyeballs to the right, but no bleeding from the ears or nose. On regaining consciousness, there was marked confusion, disorientation, dizziness especially on turning quickly, deviation of tongue to the left, impairment of smell

in both nostrils, marked memory defect for recent events and impressions, rather prominent florid fabrications, and amnesia for the accident, but nothing of the retrograde or retroactive type.

Dr. Adolf Meyer's paper (American Journal of Insanity, January, 1904) relates to a larger clinical material than any of the previous contributions. In all, 31 cases are reported, and the histories show how multiple may be the psychic symptoms following trauma. The literature and the various theories relating to the exact bearing of trauma on mental disturbance, are reviewed. He suggests that in this group of cases there are at least five directions in which clinical studies may be of value.

1. Rieger's attempt at an inventory of the patient's mental possibilities.
2. The study of the vaso-motor neurosis of Friedmann.
3. The examination for the "explosive diathesis" of Kaplan.
4. The occurrence of dazed and dreamy states, conditions of anxiety, epileptic seizures.
5. The establishment of the etiological factors.

The prominent types in the classification are suggested as follows: the direct post-traumatic delirious states, the post-traumatic constitution, the traumatic defective conditions, traumatic psychoses from injury not directly affecting the head, and psychoses in which trauma is merely a contributory factor, such as general paralysis, manic-depressive insanity, and katatonic and paranoic states.

Archives of Neurology from the Pathological Laboratory of the London County Asylums. Edited by F. W. Mott, Vol. II, 1903. Macmillan & Co.

This is the second annual publication of the work of the pathological laboratory of the London County Asylums, edited by Dr. F. W. Mott. It is twice as voluminous as the publication of the previous year, and a glance at the titles shows how valuable are the works of Dr. Mott and his associates in the domain of neurology and psychiatry. The first and most voluminous paper, comprising 327 pages, on "Tabes in Asylum and Hospital Practice" is from the pen of the editor, and it is certainly the most complete and masterly exposition of the subject which we have met. The paper is especially strong on the physical symptoms of tabes, including minute studies of the sensory disturbances, and of the morbid anatomy and pathology of the disease. The clinical material is large, comprising in all seventy-four cases, but it is unfortunate that the mental states accompanying tabes and tabo-paralysis are not given in more detail, considering the excellence of the status of the physical conditions and the anatomical findings. Dr. Mott takes a strong stand regarding the syphilitic origin, if not nature, of tabes, general paralysis and the combined types of the disease, and this is in harmony with our modern conceptions in spite of a few weak arguments to the contrary. His words are worth quoting and most convincing: "That we cannot prove more than 70 or 80 per cent. of tabic and paralytic patients to have suffered with syphilis, is no argument against the doctrine that both paralysis and tabes are post-syphilitic affections. . . . In sixty cases of syphilitic brain disease I could not obtain a history in more than 70 or 80 per cent. The very important experiments of Jadassohn and Hirschl, that only in one-half of the cases of undoubted severe syphilis is it possible to prove primary infection, and the statement of Lang that in one-third of the cases of tertiary syphilis the primary infection was not demonstrable, are arguments against those who will not be convinced that syphilis is the essential cause of tabes and general paralysis unless it can be proved in every case."